



**County of Maui – Department of Finance  
REAL PROPERTY TAX DIVISION**

Service Center • Suite A-16  
70 E. Kaahumanu Avenue • Kahului, HI 96732  
(808) 270-7297 • FAX (808) 270-7884

**CLAIM FOR HOME EXEMPTION**

(Chap. 3.48.450 & 3.48.465 MCC; 514-6 & Related Sec., HRS)

TAX KEY				
Z	S	PLAT	PARCEL	HPR

Owner's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ / / Date of Birth \_\_\_\_\_ Verified \_\_\_\_\_

Owner's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ / / Date of Birth \_\_\_\_\_ Verified \_\_\_\_\_

Property Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Is any portion of your home used as a rental or business? Yes No

If YES, designate floor area used for home: \_\_\_\_\_ Sq. Ft.

Designate floor area used for rental or business: \_\_\_\_\_ Sq. Ft.

Do you have home exemption on any other property? Yes No

If YES, indicate Tax Key Number: \_\_\_\_\_

**(For Official Use)**

PITT CODE: \_\_\_\_\_  
EX CODE: \_\_\_\_\_  
TEN #: \_\_\_\_\_  
BLDG #: \_\_\_\_\_  
BLDG %: \_\_\_\_\_  
LAND %: \_\_\_\_\_

**NOTE:** You may be entitled to the home exemption if the following requirements are met:

1. The property is owned and occupied as your principal home as of the assessment date;

2. Your ownership is recorded at the Bureau of Conveyance in Honolulu on or before Dec. 31 preceding the tax year for which the exemption is claimed; and

3. You file a claim for home exemption and submit it to the Real Property Tax Division on or before Dec. 31 preceding the tax year for which the exemption is claimed.

**(FOR OFFICIAL USE)**

**PLOT PLAN (Multiple Buildings)**

Notice: Show plot plan if there is more than one building on the subject parcel.

**Submit this Claim with proof of age.** Acceptance proofs are Driver's License, State registration card, birth certificate, and other governmental or legal documents. (Copies are accepted with claims submitted by mail)

Any person who has been allowed an exemption has a duty to report to the Real Property Tax Division within 30 days after ceasing to qualify for such exemption. Failure to submit such a report shall be cause for disqualification and penalty.

**CERTIFICATION**

I certify that I own and occupy my home, and that all statements in this return are true and correct to the best of my knowledge. I understand that any mis-statement of facts will be grounds for disqualification and penalty. I acknowledge that returned receipt is necessary to confirm qualification for this home exemption credit.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by:

(For Tax Assessor) \_\_\_\_\_ Date \_\_\_\_\_ Effective \_\_\_\_\_ Tax Year \_\_\_\_\_

The applicant's social security number is requested for the purpose of establishing the identity of the applicant for Home Exemption and maintaining a record of homeowner exemption claims. The request is authorized under the Federal Social Security Act [42 U.S.C.A. Sec. 405(c)(2)(C)]. Disclosure is voluntary and will not affect the allowance of a claim for exemption, but failure to disclose may result in a delay of processing the claim. If disclosed, social security numbers will not be subject to public access.